

Aims.

- To improve the quality and consistency of medical seclusion reviews at St Charles Hospital and across the Trust.
- To ensure at least 80% compliance with minimum standards for seclusion review documentation by the end of December 2020.
- To increase doctors' mean perceived competence and confidence scores to 4.5/5 by the end of December 2020

Method. Seclusion is commonly used to manage patients at high risk of aggression or violence, but is a high risk and very restrictive intervention. As such, it requires regular nursing and medical reviews. Work has been done recently at St Charles to improve the timeliness and effectiveness of nursing reviews including detailed guidance. Medical reviews are usually performed by junior doctors, many with limited experience in psychiatry. There is

- A lack of consistent local or national guidance for junior doctors undertaking seclusion reviews
- The quality and scope of these reviews is not consistent
- There may be a need to ensure that there is more standardization and to improve junior doctors' confidence – and therefore patient safety and experience – overall.
- The following interventions were used to improve the quality of seclusion reviews at the hospital:
 - Minimum standard guidelines
 - Presenting in Restrictive interventions meeting.
 - Feedback from PICU consultants for guidelines
 - Changing guidelines

Future plans:

- Guidelines teaching (Early November)
- Re-audit and new survey (Early November)
- Simulation training (Mid November)
- Seclusion teaching video (Early December- to be ready for Induction)
- Re-audit and new survey (Beginning of April)

Result. Surveys were conducted before and after quality improvement interventions were put in place. The average confidence levels of junior doctors increased from 38.5% to 87% following these interventions.

Conclusion. Revision of seclusion guidelines, junior doctor teaching and simulation training are effective interventions to improve junior doctor confidence levels in conducting seclusion reviews.

Impact of mental health and addiction NIMHANS ECHO on primary care physicians: study from a rural state of India

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Aims. As per National Mental Health Survey-2015-16, 83 out of 100 people having mental health problems do not have access to care in India. Further, primary health care providers (PCPs) have

not been adequately trained in the screening, diagnosis, and initial management of common mental health conditions. There is thus a need to train health care providers at the State level to incorporate mental health into primary health care. In this paper, we report the findings of a collaborative project between the National Institute of Mental Health and Neuro Sciences (NIMHANS) Bangalore India, and the state of Chhattisgarh incorporating mental health into primary care and addressing urban-rural disparities through tele-mentoring.

Method. We assessed the impact of the NIMHANS Extended Community Health Care Outcome (ECHO), an online, blended training program on participants' knowledge and competence (primary outcome) and commitment, satisfaction, and performance (Secondary outcomes) using Moore's evaluation framework. Primary and secondary outcomes were determined through a pre-post evaluation, assessment of trainee participation in the quarterly tele ECHO clinic as well as periodic assignments, respectively.

Result. Over ten months of the NIMHANS ECHO program, there was a significant improvement in the participants' knowledge post-ECHO ($p < 0.05$, $t = -3.52$). Self-efficacy in diagnosis and management of mental health problems approached significance; $p < 0.001$. Increased engagement in tele-ECHO sessions was associated with better performance for declarative and procedural knowledge. The attrition rate was low (5 out of 30 dropped out), and satisfaction ratings of the course were high across all fields. The participants reported a 10-fold increase in the number of patients with mental health problems they had seen, following the training. A statistically significant increase in the number of psychotropic drugs prescribed post ECHO with $t = -3.295$, $p = 0.01$.

Conclusion. The outcomes indicate that the NIMHANS ECHO with high participant commitment is a model with capacity building potential in mental health and addiction for remote and rural areas by leveraging technology. This model has the potential to be expanded to other states in the country in providing mental health care to persons in need of care.

Core Trainees' study budget and study leave: a survey exploring trainees' needs and understanding of local processes in place within the North West

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Aims. Health Education England launched a new system for study leave and study budget on 1st April 2018, in response to trainees' concerns regarding the previous system. According to this, Health Education England would manage the study leave budget through its local offices, making the process of accessing study 'more transparent, equitable and streamlined' for all trainees. At the RAP Oversight Committee meeting of the North West Deanery in 2019, trainees' uncertainties over the process was discussed by the local reps. It was aimed that there was a need to gather information on trainees' needs and understanding of local processes in place by the deanery to access study leave and study budget

Method. A cross sectional survey was sent out to all the trainees by the Core Trainees year 1 RAP rep. A total of 6 relevant questions were designed and sent out to the trainees, allowing them 2 weeks' time to respond. There were a total of 66 trainees who were sent the survey. The guidance mentioned in the 2016 Gold guide was used for reference to ensure the questions are relevant.

Result. Of the total of 66 trainees who were sent the survey, there were 48 respondents. The results indicated that all 48 responders